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Principles for ethical treatment decision-making in veterinary oncology

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Abstract

Many owners of companion animals with cancer are overwhelmed by having to choose the “right course of action.” In this work, principles that apply to ethical treatment decision-making for animal patients with cancer are discussed, with the aim of reducing the burden on owners who are forced to act as surrogates for their animals. Four principles frequently used for ethical decision-making in human medicine will be considered for their potential applicability in veterinary medicine. As a result of these considerations, preliminary guidelines are presented, along which a decision-making discussion can be held. The deliberate integration of the non-maleficence and beneficence principles into the purely empirical facts of what is medically possible helps to maintain a moral perspective in specialized veterinary medicine. At the same time, such guidelines may contribute to individual decision-making in a way that animal patients neither have to endure unnecessarily severe side effects, nor that they euthanized prematurely.

Introduction

Surveys indicate that companion animals are seen by 88-98% of their owners as members of the family.¹ Having such deep relationships with animals is an increasingly accepted social phenomenon. The increase in such relationships is partly due to changes in our social fabric caused by increasing urbanization and self-selected or involuntary social isolation. For many owners, these animals thus play an important social role, and the idea of a “companion” animal reflects the social component of the human-animal relationship.²

Whether as a cause or a consequence of this relationship, the treatment options and standards for companion animals have continuously grown over the past decades or even century, and many veterinary clinics offer high levels of diagnostic and therapeutic modalities. Imaging methods, such as computed tomography and magnetic resonance imaging, as well as such treatments as prosthetic joints, immunotherapy, dialysis, and cancer therapies for animals are now readily accessible in many cases. In addition to the diagnostic and therapeutic options, veterinary palliative care and hospice options are emerging in certain countries with the aim of “addressing patient’s unique emotional and social needs as well as physical needs (...)” upon terminal illness.³⁻⁵ However, regarding treatment of animal compared to human patients, several aspects remain different, as owners must mostly bear the costs themselves and only a fraction of owners have pet health insurance. In addition, the option to euthanize animal patients can sometimes be considered as an alternative to treatment of disease.

These differences can lead to many types of conflicts of interest in the practice of highly specialized veterinary medicine. In addition to the veterinarian’s obligation to treat animal patients, some veterinarians are also committed to further research and development, especially in the field of veterinary oncology. Clinical trials conducted on animals (animal patients) follow similar ethical rules and can be included in the considerations made herein. Hence, the veterinarian’s role as a healer takes a high priority in the profession’s code of ethics. According to conventional wisdom, the choice of treatment should be in the animal’s “best interest,” but

this concept lacks a clear definition.^{6, 7} Rollin notes that the animal's owner may not necessarily represent the animal's best interest: "(...) many owners will, for their own sakes, do anything possible to keep the animal alive at all costs, ignoring or downplaying the animal's suffering, despite their professed (and heartfelt) love for these animals."⁷ Hence, it has become part of the professional responsibility of the veterinarian to support the owner in both medical and ethical decision-making issues regarding choosing the optimal treatment strategy for their companion animal.^{3, 6-9}

The aim of this work was to discuss principles that apply to making ethical treatment decisions for animal patients with cancer from a veterinary point of view. Beauchamp and Childress' four principles frequently used for ethical decision-making in human medicine (autonomy, beneficence, non-maleficence, and justice) will be considered for their potential applicability in veterinary medicine.¹⁰ Two of these principles were found to be excellent in helping to weigh the available options and ensure that generally applicable norms and the needs of both the animal and its owner are considered and weighed accordingly.

Duties of the veterinarian: ethical principles

General ethical obligations require veterinarians not only to undertake recognized measures to prevent and cure disease but also to relieve pain, injury, suffering, and anxiety, but also to share responsibility for the animal's welfare. Offered treatments should always be compatible with a "good quality of life" for the particular species. Euthanasia should be performed according to the profession's rules after a precise diagnosis and prognosis by respecting the animal and the owner, and extending pain and suffering or ending an animal's life prematurely solely at the owner's request should be refused.^{1, 11-13}

Whether a being itself (such as a companion animal) is given moral consideration when a decision is made, is a question of moral status. Assigning such a moral status is usually

dependent on certain morally relevant traits constituting an interest, e.g., the ability to feel pain. Because animals can be injured by actions, e.g., violation of their interest in being free of pain, a moral consideration for such beings makes sense.

Different views about how we should treat animals can be inferred from various theories.^{10, 14-16} For example, the biological criteria in terms of the animal's species are used less often; instead, a judgment is made on the existence of "human characteristics" such as cognitive abilities, such as ideation, memory, understanding, and thinking, agreeing that many animals also have such capabilities to some extent.¹⁴ Cognitive traits, such as recognizing one's body, following plans for foraging and nest building, playing, and having a social life, are certainly found in our companion animals.¹⁷ Another theory assigns moral status to moral agents.¹⁶ This means that the individual can make a moral judgment about right and wrong and that the individual has motives that can be judged morally. Immanuel Kant focused in this regard on free will, autonomy, and dignity, which he had similarly proposed as conditions for moral status.¹⁸ While these conditions might certainly be considered *sufficient* conditions for moral status, insisting on their *necessity* is counterintuitive because vulnerable parties, such as children, people with disabilities or dementia, and indeed even animals, require special protection in regard to moral consideration.¹⁹ A third theory based on sentience refers to traits that include emotional and affective feedback, and advocates of this view consider sentience sufficient for moral status.^{14, 19} This position actually calls for the moral equality of all sentient creatures, but there could be a gradation where the interests of animals differ (e.g., depending on their level of evolutionary development).

None of these theories seem to be fully satisfying on their own, and they also fail to give clear indications of the extent of such moral considerations in practical application. However, various theories make plausible arguments for the existence of a moral status in animals and thus provide sufficient grounds to deal with animals morally by taking their interests into account. While these interests are also species-specific in nature, in all cases, they

include the following basic components: (i) cognitive faculty as part of an active consciousness and functioning sensing organs; (ii) the ability to give emotional and affective feedback in certain social interactions; (iii) enough mobility to allow eating, nest building, and maintenance; (iv) freedom from pain; and (v) freedom from fear.^{19, 20}

The ethical conflict: positions in the ethical debate

Although companion animals are often called “family” members, views on their value vary widely. Despite the assumption used here that animals have a moral status, there can be conflicts between the interests of the animal (which, of course, are largely unknown and are made by proxy) and those of the owner in regard to making medical treatment decisions. Consequently, one must decide to what extent the (largely unknown) animal’s interests should be considered and whether they only matter if linked to human interests (e.g., those of the owner, the neighbors, or society as a whole).

In an anthropocentric view, humans place themselves at the center of moral significance with the top priority in the ethical debate. However, the protection of the animal in this position still plays an important role because it includes standards that humankind finds useful. In principle, the utilization of nature, including non-human animals, is considered ethically legitimate, as long as the resources are handled responsibly and are fairly distributed.¹⁸ From the anthropocentric worldview, animals have no intrinsic value, and their right to exist is derived from their usefulness to humankind. The basic needs principle of the philosopher Martha Nussbaum morally legitimizes the use of non-human nature as a resource to satisfy the basic needs of humankind.²¹ Because “man is the measure of all things (...)”(sic)¹, everything serves its purpose and is thus a means to a human end. This results in what is only an indirect obligation to non-human beings merely as part of the human environment. Kant observed it as a

¹ Protagoras (Greek philosopher, probably around 490-411 B.C., writings only survived available); the full quotation is: “Of all things the measure is Man, of the things that are, that they are, and of the things that are not, that they are not.”

duty not owed directly to the animal, but as a part of the human duty to oneself. Humans should eschew the violent and cruel treatment of the “irrational part of creation” (i.e., animals), since this would lead to the brutalization of the human race and blunt compassion for the rest of humankind. While Kant did not reject the killing of animals, he stated that they should be “executed without torment.” Otherwise, we would be breaking our obligations to ourselves.¹⁸ In an anthropocentric view, animals therefore only have minimally relevant moral interests and are important only insofar as they serve human purposes. These purpose may include companionship or service (e.g., guide dogs), and from an anthropocentric perspective, a humane disposal (e.g., euthanasia) would be a morally acceptable solution once they are no longer useful.²²

However, nowadays environmental ethics answering how humans ought to behave towards nature, is shaped by animal rights philosophers such as Reagan and Singer. The stated pathocentric view suggests that the pain and suffering of the animal and its interest in not suffering should take a very high priority.^{19, 20} The animal is not to be seen as a resource that must be handled from a moral perspective (i.e., out of consideration of the owner’s or another human’s interest), but instead, the animal’s own ability to suffer and sentience requires moral consideration.¹⁹ The biological relationship and commonality between humans and animals come here to the fore, and animals are therefore seen as morally relevant sentient beings from a utilitarian point of view. According to the principle of the equal consideration of sentient beings, comparable interests (i.e., interests in avoiding pain, distress or suffering) should be treated equally.¹⁹ This second pathocentric position constitutes animal ethics based on deontological rights, a position which ascribes an animal’s right to life and its inherent value. Tom Regan describes those beings (adult humans and normal mammals) as “subjects of a life” with traits and abilities, such as perception, desires, memory, self-confidence, ideas of the future, and interests. These subjects have a right to welfare centered on their autonomy and inherent value, and they are not to be treated as if this value is merely the result of their

usefulness.²⁰ Thus, Regan says that both individual human beings and animals have an elementary right to regulatory protection, even if they cannot themselves comprehend the moral issues or apply it autonomously. In his view, the *understanding* of a legal concept is not necessary for it to be applicable. Thus, this places great value on the ability to experience life on a conscious level, and as much respect should be given to an animal's interest in being fed, living to an age appropriate for its species, and social interactions, among others, as to those of another human being.^{19, 20}

Medical ethicists Tom L. Beauchamp and James F. Childress described four ethical principles in the first edition of their standard textbook "Principles of Biomedical Ethics" in 1977. Their goal was to give medical personnel an ethical orientation in their dealings with patients.¹⁰ Physicians have a moral obligation to do no harm (non-maleficence), to provide treatment when necessary (beneficence), to respect the patient's right to self-determination (autonomy), and to treat patients fairly and equitably (justice). These four principles are basically hierarchically equivalent, with the first two modeled on utilitarian and virtue ethics and the latter two on deontological doctrine. These principles are thus based on both moral theories and common sense. While the moral theories weigh decisions and actions either in terms of their consequences (utilitarianism), the obligation to do something regardless of the consequences (deontology), or the quality of those characteristics that enable a good or successful life (virtue ethics), common sense is based on general experience(s) considered universally valid.¹⁰ The application of the principles thus allows a pluralistic perspective in concrete decisions while still requiring clear weighing.²³ Often, veterinarians make intuitive use of these principles to determine moral obligations, but intuition is known to follow few rules, and a deliberate consideration of such principles can facilitate more-objective decision-making.

In weighing the arguments considering the welfare of the animal and its owner, financial and/or scientific arguments often play a strong role. While such non-moral aspects should initially be set aside in order to free ourselves from such material constraints when trying

to make a moral decision, they often come back into play when it comes time to implement the moral solution. In addition, the owner's financial situation may constitute an anthropocentric argument when considering the (costs and) benefits of a certain option, thus becoming a part of the moral argument that must be considered in certain situations.

Moral evaluation of different options

To determine the practical, case-specific applicability of Beauchamp and Childress' four principles in veterinary oncology, one should first identify all of the available treatment options. Next, one should consider whether all of the principles can or should be applied in veterinary oncology in a way that is analogous to the situation in human medicine.

The *principle of non-maleficence* says that one should do no harm. Any intervention, such as chemotherapy, surgery, or radiation therapy, may already represent a conflict. An amputation of a limb, for example, inherently does cause clear harm to the patient. However, the harm should not be disproportionate to the benefits of any given treatment. Under the "doctrine of double effect," this harm can be relativized, since the treatment justifies inflicting one setback in exchange for another, higher-priority goal (pain relief and longer survival) and is therefore not morally wrong.²⁴ The doctrine of double effect allows treatment with morally bad consequences (in this case, damage), if such consequences are only *unintended* side effects. Hence, as long as a) the chosen action is itself good or morally neutral; b) the person doing it does not actively seek the ill effect (but instead must let it happen); c) the beneficial effect of the action is as immediate as the ill effect; and d) the benefit is sufficiently desirable, then the action is not morally wrong. In bone tumor, for example, a surgical intervention such as amputation of a limb can have the sole focus on removing the source of pain, induced by the tumor. The resulting damage (i.e. the loss of the limb) however, is relevant for the animal for other reasons such as mobility, even if with this palliative intervention the aim of pain relief was achieved.

The *principle of beneficence* encourages the caregiver to act in a way that benefits the patient in a maximum way. This includes finding a balance between the benefits of treatment against the risks and costs. Treatment options shall mostly focus on relieving symptoms and prolonging, maintaining or restoring a good quality life. These aims need to be weighed against both the anatomical/cosmetic changes and any side effects of the chosen treatment, which can be quantified/estimated in terms of frequency, intensity, and duration. Although euthanasia ends the pain, this option also ends the animal's life and can therefore not be considered as an act supporting its well-being.

The respect for *autonomy* cannot be applied to animal patients because it is impossible to obtain its informed consent for diagnostic and therapeutic measures.²⁵ Any consideration of the animal's wishes, goals, and values are estimates at best, even if they can be anticipated to some extent, and treatments can account for individual animals' temperaments and preferences.²⁶ Consequently, these decisions are made by surrogates, as is also the case for incompetent human patients.²⁵ However, while in incompetent human patients the individual values may have been expressed earlier, and are shaped to some extent by socio-cultural values, the situation in animal patients is different. The animals "true values" are not known and can not be privileged over those of the decision maker. A best-interest standard is based on what are ultimately unknown, if relevant autonomous preferences. The surrogate must therefore weigh the best available option with respect to risks, burden, and costs. This standard is designed to promote the best interests of the patient and is therefore a criterion for the quality of life.^{8, 25} One must ensure that the animal patient's fundamental interests (as described above) are preserved even after the intervention and that the animal will have a good quality of life.

The *principle of justice* actually calls for a fair distribution of healthcare.²⁴ The original principle of justice can thus be applied only with great difficulty when making care decisions for an (individual) animal patient. However, it could possibly be used for equal consideration across species.

The interaction of the four principles as described above can give the veterinarian ethical orientation when handling animal patients (and their owners). However, two of the principles seem particularly useful for the veterinarian to consider when weighing the well-being of the animal with that of the owner: non-maleficence and beneficence. Both can be applied to both the owners and animals. The principles of autonomy and justice in this context are not applicable or not meaningful as they cannot consider both sides or are already included in an overlapping form in the principle of beneficence. Surprisingly, the principle of autonomy does offer some additional assistance in the process, namely, in the disambiguation of the best-interest standard used when autonomous preferences are not or cannot be known. Under the best-interest standard, the surrogate must determine the most likely overall benefit from the available options. This is done by weighing the interests of the patient and balancing the (treatment) options against the inherent risks, burdens, and costs. This primarily fosters the principle of beneficence, and by maximizing the effect (the “*best*” interest), this standard promotes the quality of life.¹⁴ This standard can only be applied if there are different treatment options that are not equally capable of promoting the patient’s well-being, or where some options are associated with major side effects. The best-interest standard should help the surrogate to promote the patient’s well-being from an objective perspective and to weigh the potential benefits with the possible side effects. However, the principle of best-interest standard decision-making applies to humans, and human cognitive mechanisms are believed to be quite accurate in interpreting the mental states of the same species. However, the so-called “mind-reading” skills of humans are insufficient already in humans who, for some reason, for example, lack rationality (due to illness, accident or old age), and are probably highly inaccurate in interpreting the mental status and desires of non-human animals.²⁶

In summary, at least two of the four principles of Beauchamp and Childress are very suitable for use in making decisions in veterinary oncology as part of a real-world pluralism.

Although they are limited to certain areas, they do have the advantage of being less abstract than the moral theories, compatible with the moral theories and widely accepted in society.

Specific application of the principles

1) Making a decision: the empirical facts, well-being and quality of life

The definition of a “treatment of choice” or “gold-standard treatment” in oncology must generally be based on empirical data. Treatment success is described in a measurable, empirically indisputable way, such as the time to disease progression or the survival time after diagnosis or treatment. Such parameters describe the quantitative benefits of treatment but often neglect the qualitative. While these numbers are indeed tangible for a pet owner, they are uninterpretable for making a moral decision. Bernard Rollin describes this development, observable in many areas of oncology, as follows: “While chemotherapy or radiation did indeed prolong life in many instances, medicine failed to ask at what cost. (...) Qualitative considerations (...) became invisible to scientific medicine in the face of the assumption that *more* life was always better, a victory against the disease.”¹ The relevant facts of the individual malignancy and the expected consequences of a treatment must be provided alongside numerical facts to pet owners. This information is essential to the owners being fully and correctly informed so that they may be in a position to make an appropriate decision.

Quality of life aspects of animals with cancer have been addressed to some extent in the current literature. Quantification of pain caused by naturally occurring tumors in companion animals has been investigated for bone cancer, and made use of the extensive experience of pain measurement scores in humans.^{27, 28} For example, a canine brief pain inventory (CBPI) was established that reliably measures owners’ assessment of severity and impact of pain, with feedback on treatment response or progression of disease.²⁷ But also nonpain conditions were assessed by designing tools to prospectively measure health-related quality-of-life (HRQoL), also a concept derived from human medicine.^{29, 30} Such questionnaires usually provide a good

concordance in quality-of-life perception between owners and veterinarians, and can often be used both, in clinical practice and in clinical trials.^{29, 31, 32}

In the case of a medical action or choosing a treatment, it may occur that the achievement of one benefit may require the sacrifice of another or that an evil can only be avoided when another is accepted. These pros and cons are weighed against each other in a trade-off. These goods may include basic goods, such as life, health, physical, and psychological integrity, as well as consumer goods, such as food and shelter. When faced with a trade-off, a choice is typically inevitable, and any benefit usually also brings a certain amount of harm in tow, which needs to be rationally quantified as part of the process. Rules of thumb that exist beyond moral theories opting for the lesser evil (defined as having relatively short-term, one-time, or reversible harm) over the greater evil (defined as having long-term, recurring, or irreversible harm) are particularly useful for evaluating the use of animals in experiments – which may bring about a greater good - but are not particularly useful in clinical practice.

However, it is useful to use the solution model involving trade-offs in defined basic needs, as described by Ursula Wolf. She describes that there is no need for a common definition of well-being or of a good life. This is because in her opinion, some basic negative conditions make it impossible to define having a good life, as they constitute forms of “elementary suffering.” She thus distinguishes two major groups of conditions: on the one hand are preconditions or prerequisites, and on the other hand are those conditions that are indispensable aspects.³³ These preconditions include the right to life and adequate material conditions, such as food and accommodation, things that our companion animals should necessarily be given. However, there is a right to physical and psychological integrity that makes it possible for the animal to behave in species-specific ways. This second group of conditions includes being able to undertake meaningful activities with a certain level of autonomy (the animal as the agent) and the ability to enjoy pleasant feelings, positive experiences, and pleasure (the passive experiences

of the animal). The third group includes satisfying social relationships (see also Fig. 1). She thus indicates that animals have the same moral rights to well-being as do humans.³⁴

These preconditions and indispensable aspects of the “good life” coincide widely with the animal’s interests as discussed earlier. The animal’s welfare thus depends on these criteria, which can be considered *sufficient* for a kind of basic quality of life. These basic conditions should, however, be considered as the minimal threshold, which should be impaired only for the shortest period possible (e.g., within a double effect of a treatment). If the information already available to the veterinarian about the possible treatment options suggests that these conditions cannot be met in the medium to long term, another treatment option or euthanasia should be considered. This opinion can be justified by the limited cognition of the animal: “Paramount in importance is the extreme unlikelihood that they can understand the concepts of life and death in themselves, rather than the pains and pleasure associated with life or death. To the animal mind, in a real sense there is quality of life (i.e., whether its experiential content is pleasant or unpleasant in all modes capable of – bored or occupied, fearful or not fearful, lonely or enjoying companionship, painful or not hungry or not, thirsty or not). There is no reason to believe that an animal can grasp the notion of extended life, let alone choose to trade current suffering for it.”¹ In addition to these basic conditions, several authors recommend further reflection on what would constitute a good quality of life for the animal and thus motivate the pet owner to make a decision. These considerations should be recorded in the form of a list and include what gives the animal individual satisfaction or dissatisfaction and describe how this can be judged.^{1, 8, 13}

2. Requirement of costs/benefits

When considering the trade-offs of costs/benefits, the above mentioned solution model based on Aquinas’ theory of actions with double effect is useful because it allows the harm resulting from the diagnosis and treatment to be considered under the principle of beneficence and thus weighed as part of the considerations. With any medical treatment, certain collateral damage such as side effects of treatment or a temporary worsening of the condition (for

example, the healing period after surgery) can precede a significant improvement in the patient's condition. In the medical context, it may be more useful to replace the term "intended" with a "tolerated side effect".³⁵

When weighing various treatments, Beauchamp and Childress describe the cost-effectiveness and the cost-benefit analyses, two tools that use monetary quantification to minimize the risk of intuitive and subjective assessments of a treatment and instead place it in an objective light.²⁴ Since the financial aspect is initially defined outside moral consideration when choosing a treatment for a cancer patient, it is appropriate to speak of a risk-benefit analysis. This describes the relationship between the likelihood and the degree of an expected benefit and the probability and magnitude of an expected loss.²⁴ However, the owner's financial situation is a legitimate constraint and anthropocentric argument to consider when weighing the animal's and the owner's well-being (e.g., when the resulting bills might affect the owner's well-being).

3. Requirement of a "long life"/possibility of euthanasia

Euthanasia is derived from Greek and refers to a "good death." In veterinary medicine, euthanasia has largely positive associations, such as being humane, relieving pain, or being cathartic.³⁶ Nevertheless, the veterinary act of euthanasia is the deliberate ending of an animal's life. This makes euthanasia a double-edged sword: while being a powerful tool for ending pain and suffering, it also ends the life of the animal. An evaluation of whether an animal's life should be ended, is recommended to be based on the overall welfare that can be expected.³⁷ There are the required basic conditions that constitute a minimal threshold for a "good life," as described above, but there is also the question of "the right time." After all, it is basically in the interests of the animal to live. In addition, the interest in being free of pain, anxiety and other conditions that may be attributable to suffering must be considered. Thus, the *time is right* when it is determined that these conditions can no longer be guaranteed for the medium or long term and that euthanasia would be the preferred option. At that point, it might lead to a serious

conflict between the animal's welfare and the well-being of the owner, which may cause the veterinarian considerable moral stress.^{1, 12, 13} Requests for euthanasia for the sake of the owner's convenience and rejections of euthanasia for an animal that is clearly suffering and whose quality of life no longer meets the basic condition, according to Bernard Rollin "(...) may well be the most important ethical task facing the conscientious veterinarian."¹

Practical application of the guidelines

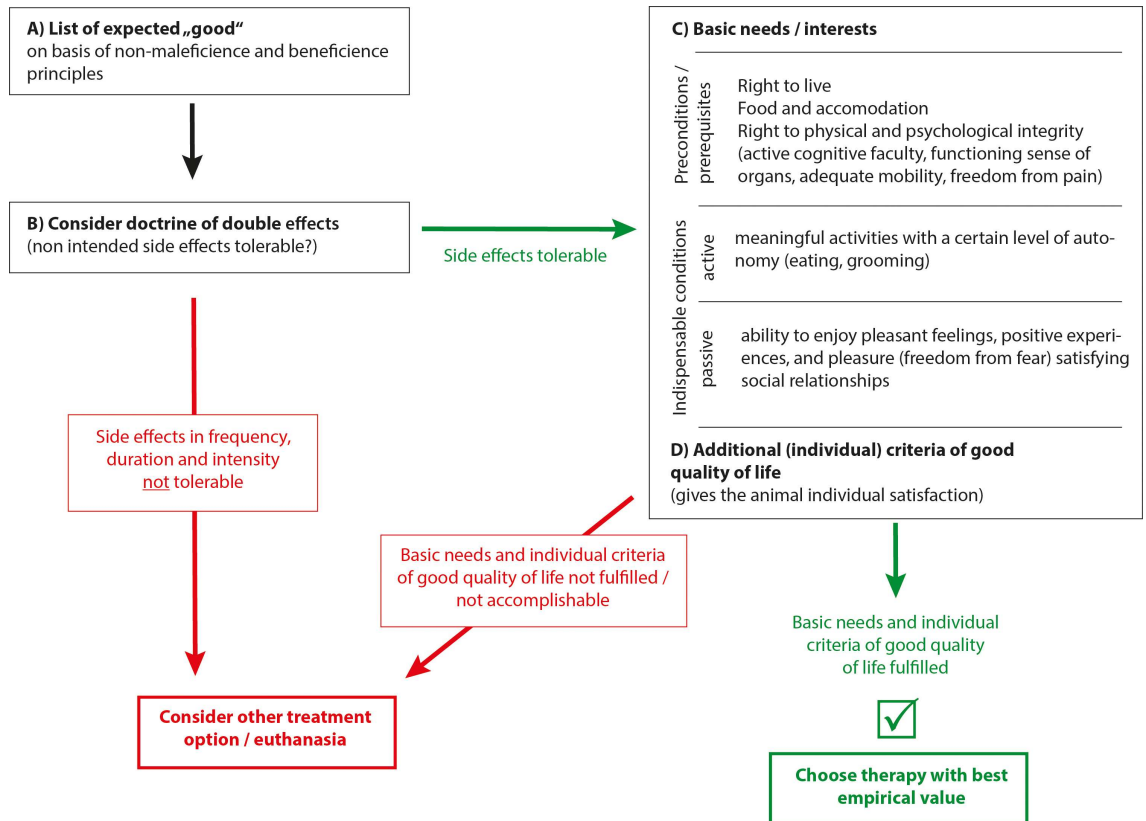
The considerations made for making moral judgments and the requirements for weighing the benefit and well-being of the animal and owner as described above can be summarized in an initial set of guidelines (Fig. 1):

(A) Based on the non-maleficence and beneficence principles, the expected "good" for both the animal and owner are listed. The possible side effects are judged using the double effect doctrine (B). If the side effects of a specific treatment can be tolerated, then the basic conditions postulated for the well-being of the animal patient (C) are used to provide a measure of objectivity that sets a minimum threshold to protect the animal. This takes into account the pathocentric perspective that most veterinarians and pet owners follow. The basic conditions can be extended through (D) other criteria that define an individual good quality of life, thus maximizing the interests analogous to the concept of the "best-interest standard." If the treatment meets these criteria, then a decision for the treatment that delivers the greatest good defined in (A) or the best risk-benefit balance can be made. At this point, other aspects that go beyond the moral aspects (e.g., financial) can be considered, and the form of treatment that best matches the review of the moral criteria can be selected.

Additional considerations for the future

Many pet owners of animals with cancer are overwhelmed by having to choose the "right course of action." Experience has shown that this also frequently overwhelms veterinarians who do not

specialize in the field of oncology. In such cases, euthanasia is often prematurely chosen with the argument that this is “probably best for the animal.” The discussion of the animal’s moral status also allows their interests to be defined. Beauchamp and Childress’ principles based partly on moral theories but also on common sense could be shown to aid in ethical decision-making. As a result, the concrete weighing of interests can occur. Fig. 1 presents a preliminary proposal for integrating these principles and weighing the pros and cons in the form of a trade-off. The doctrine of double effect asks whether the side effects of a treatment can be tolerated (within the principle of non-maleficence) and thus sufficiently justify the desired effect. If this is fulfilled in the scheme, a minimum threshold considering the basic needs of the animal and additional individual criteria can be defined for the protection of the animal. These basic needs are combined from different sources and constitute a “target” corresponding to the ethical principles of the veterinarian as well as the requirements for protecting the animal’s dignity imposed by animal protection legislation and regulations. These basic needs set a threshold that must be met for the animal patient and in the case that an animal owner argues from a highly anthropocentric perspective. This view thus primarily considers the pathocentric perspective. The path to choosing the “right therapy” is often complex. The deliberate integration of non-maleficence and beneficence into the purely empirical facts of what is medically possible allows specialized veterinary medicine to maintain a moral perspective. The proposed decision-making guidelines can contribute to mitigating this problem. They can thus help to reduce the burden on the pet owner who is forced to act as a surrogate for the animal. At the same time, the guidelines ensure that animal patients do not have to endure unnecessarily severe side effects even when treating difficult diseases, and that they are not euthanized prematurely.



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